

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041769

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300
Rev. 4/59

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24007

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 31 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis, Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St. Lukes Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

OR TOWN

Webster Groves

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

753 Yale Ave.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

CATHERINE

M.

MAINE

4. DATE OF DEATH

Month

Day

Year

Oct. 26, 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-18-83

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (City and state or country)

Richmond, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Hugh Reid

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Percie Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

17. INFORMANT

Address

Mrs. June Ruble, 753 Yale Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

2 wks.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CEREBRAL ARTERIOSCLEROSIS

DUE TO (c)

332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1956

to 1963

and last saw her alive on 10/25/63

Death occurred at

12:35

A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. A. T. Webb, M.D.

22b. ADDRESS

3720 N. 3rd St. St. Louis, Mo.

22c. DATE SIGNED

10/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-29-63

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co.

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich, Webster Groves

25. DATE RECD. BY LOCAL REG.

OCT 28 1963

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

STATE OF MISSOURI

DEPARTMENT OF HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Leslie Welch

Licensed Embalmer No.

7395

P. O. Address

Wester Groves Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.